File with: lows Ethics and Campaign Disclosure Board 510 E, 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

APAIGH DISC AND 2009 JAN 20 AM II: 25

Fax: 515-261-40/3	DISCLOSURE	SUMMARY PAGE		TAN 20 MAIN
COMMITTEE NAME (Must be	e same as on Statement of Organ	lization)		
Freitag for Auditor				RM .
(1) Statewide/Legislative/Judge	of committee you are reporting for. Standing for Retention Candidate (2 5)County Candidate (6)City Candidate (10)School Book)State PAC (3)State Party ate (7)School Board or Other Political pand or Other Political Subdivision PAC	(Rev.	R-2 DISCLOSURE REPORT PIECE Use Ority 17120
CANDIDATE COMMITTEES Candidate Name Dennis Freitag	ONLY:	Political Party (if applicable) Republican	Scan	and In-
Office Sought Clayton County Auditor		District (if Senate or House)	Audit	ed
Lete reports are subject to poss Junio Julio SIGNATURE OF PERSON FI	utar	Suant to lowe Code sections 688.324 563-245-1347 TELEPHONE		101(3), the candidate, for a 1-19-19 DATE SIGNED
I AM FILING A January 20,	2009	REPORT FOR (1) ELECTION	//2)NON-EL	ECTION YEAR.
	report date)	Indicate by		B011011 1
,	TO REPORT DATED	•		tees, enter Date of Election
			Photo centures	Man Million Date of Manager
Check if this is final (terming) (You must continue)	nation) report and attach Notice of to file reports until a DR-3 is filed.	f Dissolution Form DR-3.)	County & Loca which Election Clayton	al Committees, enter County in Is held
STATE	MENT OF CASH ON HAND			
sommittee This are	nning of the reporting period. (Tot nount MUST be the same as the c period or must be zero if this is fir	tal of all funds held by the ash on hand at the end st report filed.)	s	22.18
	Y TAKEN IN THIS PERIOD			
Schedule A: Cash	Contributions total (Attach Schedu	ile A) (*also see in-kind below)		
Schedule F: Loans	Received total (Attach Schedule	F) ,	************	7 10 10 10 10 10 10 10 10 10 10 10 10 10
Schedule H: Total !	Sales of Campaign Property (Atta	ch Schedule H)		
(Schedule	H applies to Candidates' Comm	<u>riittees Only)</u> SUB-TOTAL	\$	22.18
SUBTRACT TOTAL	L MONEY SPENT THIS PERIOD			
Schedule B: Expen	iditures total (Attach Schedule B)	(**also see debts and loans below))	
Schedule F: Loan I	Repayments total (Altach Schedu	le F)	756685656161.	
CASH ON HAND at the end	of this reporting period (if final rep	ort balance must be zero)	\$	2 2.18
"UNPAID BILLS (From Sch	edule D - Attach Schedule D)	519585775477777777777777777777777777777777	\$	
*IN KIND CONTRIBUTIONS	(From Schedule E - Attach Sche	dule E)	\$	304.88
		le F)		801.75
CONSULTANT BREAKDOV		•		YES NO
CANDIDATE COMMITTEES	•		 _	
	OPERTY (From Schedule H - Atta	ich Schedule H)	\$:
		nt bank stalement in January of ea	ch year.	•

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE
COMMITTEE NAME (Must be same as on Statement of Organization) Freitag for Auditor	(Rev. 06/97) CONTRIBUTIONS
I Joiney Io. Audio.	CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10-23-08	Cheryl Harms 13405 Fox Ave Monona, IA 52159	none	food for meet & greet session	7,50	
10-23-08	Ryan Johnson 104 Hinch McGregor, IA 52159	none	food for meet & greet session	8.48	
10-25-08	Maxine Bebber 215 Main St North Bucna Vista, IA 52066	none	food for meet & greet session	12.50	
10-31-08	Clayton County Republican Central Comm	party	4 candidate print ad	24.75	
10-31-08	Clayton County Republican Central Comm	party	meet & greet ads	179.10	
10-31-08	Clayton County Republican Central Comm	party	meet & greet food	72.55	
·					
	Les estates and the second sec	·· !	SUB-TOTAL	ş	
			TOTAL (if last	\$	4
			page of this	304.88	
			schedule)	1	j

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page I of I

R INSTRUCTIONS, SE			ESEE	CHEDULE	
MMITTEE NAME(MUSI	be same as on Statement of Organization)			F	LOANS
eitag for Auditor			(Rev. 02/08)	& REPAIL
	orts money loaned to the committee which is deposited in FROM LAST REPORTING PERIOD S 801.75	the committee accou	nt.	CHECK T AMENDIN	
RT I - MONETARY LO (Origina) source	ANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Include loa	ns from candidat	le's personal fu	ındş.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (include Endorser's Name, if Applicable)		NSHIP TO (If Applicable*)	AMOUNT O	FLOAN
				\$	
ART II - MONETARY L (Loans forgiver	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERION MUST be reported on Schedule E — in-kind Contribution	TOTAL (PAR	r ŋ	\$	
(Loans forgiver	n must be reported on Schedule E — in-kind Contribution NAME AND ADDRESS OF LENDER	D B.) RELATIO	NSHIP TO	\$AMOUNT R	REPAID
(Loans forgiver	n must be reported on Schedule E — in-kind Contribution	D B.) RELATIO			REPAID
(Loans forgiver	n must be reported on Schedule E — in-kind Contribution NAME AND ADDRESS OF LENDER	D B.) RELATIO	NSHIP TO	AMOUNT F	REPAID
(Loans forgiver	n must be reported on Schedule E — in-kind Contribution NAME AND ADDRESS OF LENDER	D B.) RELATIO	NSHIP TO	AMOUNT F	REPAID
(Loans forgiver	n must be reported on Schedule E — in-kind Contribution NAME AND ADDRESS OF LENDER	D B.) RELATIO	NSHIP TO	AMOUNT F	REPAID
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	D B.) RELATIO	NSHIP TO (If Applicable)	AMOUNT F	REPAID
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CAS	RELATIC CANDIDATE	NSHIP TO (If Applicable)	AMOUNT R	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CAS	RELATIC CANDIDATE THE REPAYMENTS (PARTIELL LOANS FORGING END OF REPORT PROTECTION OF REPORT	NSHIP TO (If Applicable)	AMOUNT R	